



ZdravReform/ЗдравРеформ

Integration of Reproductive Health into Primary Care Activities Report

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Kazakhstan, Kyrgyzstan, Uzbekistan**

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I. Introduction

Incorporation of reproductive health including family planning is a logical step in the development of the Family Group Practice (FGP) as the vehicle for delivery of primary care. As part of this effort, USAID provided earmark funds to Abt Associates Inc.'s ZdravReform program, starting in July 1997 to assist in the integration of reproductive health into Kazakhstan and Kyrgyzstan USAID supported health care reform pilot sites. The Uzbekistan program, which started later, has now reached the point where starting integration of reproductive health services is appropriate. At this time, there are no earmarks for that country.

Family (or general) medicine is a new area of practice for Kazakhstan, Kyrgyzstan and Uzbekistan. This has necessitated the creation of family medicine training programs. These programs are designed to train former specialists such as pediatricians, gynecologists and internists in the broader field of general medicine. This training includes modern clinical practices in reproductive health, including family planning. The training is based on internationally recognized materials from as JHPIEGO, AVSC and WHO.

The creation of family medicine practitioners necessitates the development of practice sites for these doctors to work, such as the Family Group Practice (FGP). The ZdravReform program continues to support technically the development of the FGP structure as well as the needed financing reforms. It needs to be clear that there can be no development of modern reproductive health practices if at the same time there is not development of the primary care sector itself. A solid foundation must exist to allow the newly trained doctors and nurses to practice.

In order to train practitioners to work in the newly developed FGP, there needs to be a proper training mechanism. The goal is to create sustainable training institutions; therefore ZdravReform supports development of local capacity to provide future training in reproductive health as well as family medicine. In Kazakhstan this is taking place in the development of chairs of family medicine at 8 medical schools; and in Kyrgyzstan, it is taking place by use of "Centers for Excellence" which are affiliated with the Postgraduate Training Program at the Medical Academy. During the June-December period of this report, this support continued. In Uzbekistan, family medicine training is in the beginning stages, with training centered in the Tashkent Postgraduate Training Institute. At this time, some short-courses have been started, but the long-term family medicine training which the World Bank project is responsible for has not begun. Due to delays in the World Bank training, ZdravReform feels it is necessary to at least provide some short courses so that clinical strengthening does not lag behind restructuring and financial reforms.

II. Training

Kazakhstan

Training in reproductive health during this period was devoted to the Family Medicine chairs. From January 25-February 6, 1999, ZdravReform arranged and funded training for 40 teachers and residents from newly established Chairs of Family Medicine from each of 8 medical schools. The trainers were from the Central Asian Medical Pedagogical Association (CAMPA) which is a NGO. ZdravReform uses these trainers

as possible in order to support the NGO, and also because these trainers were all trained by JHPIEGO and AVSC. The curriculum was based on the newly established national curriculum (developed through a JHPIEGO regional effort for Central Asia). The course objectives were for participants to be able to provide proper counseling for patients, including choice of a suitable modern contraceptive; and insertion and removal of an IUD from a phantom. This training was intended only as an introduction for the teachers, most of whom were not obstetrician-gynecologists themselves.

Post-course feedback was very positive, with nearly all the participants feeling that the course objectives were understandable and completely implemented. The course was deemed interesting, and everyone felt the materials were either new, or sometimes new. There was considerable interest from the participants in learning more about oral contraceptives and about sexual education.

From June 14 to the 20th, 25 family doctors from Zhezkazgan and Satpaeva Cities participated in a family planning course, sponsored by ZdravReform. The trainers were again from CAMPA. The curriculum was the same as the February course. Since USAID/Zdravreform began integration of reproductive health into primary care in this pilot site, nearly all the FGP doctors in Zhezkazgan and Satpaeva have been trained in a 5-day family planning course based on AVSC or JHPIEGO material.

Kyrgyzstan

ZdravReform continues support of the Center of Excellence Family Medicine Training Center (COE) in Issyk-kul, which continues its training of family doctors. The Center operates in 3-week training cycles, with approximately 75 doctors per group. Each group of 75 receives 3 weeks of training every 12 weeks at the Training Center in Karakol. All 225 “family doctors” are participating in this 2-year program, which at the end will give them all family medicine certificates. The trainees had theoretical and practical course work including how to a vaginal examination, pregnancy, IUD insertion, modern contraceptive updates.

It is of course very difficult for pediatricians and internal medicine specialists to become comfortable with reproductive health care. Therefore, the Clinical Director of the COE and two family medicine master trainers (who are also ob-gyns) are spending one week each month in the districts helping the family medicine trainees become more comfortable in reproductive health. This team of trainers is also offering valuable feed back to the health department, and providing quality assurance to the overall family medicine training process.

In Issyk-kul, *training in family planning for nurses* continues, with a nurse-midwife trainer, Turtigul Niyazlieva and the master trainer from the Center for Excellence, Dr Kauhar Sultanbaeva conducting 2 and 3 day courses all over Issyk-kul oblast. JHPIEGO contraception cards were reprinted and distributed. 95 nurses and feldshers have participated in the last several months.

The collaboration with the SEATS project continues. SEATS invited our master doctor trainer, master nurse trainer, and another trainer from the Center for Excellence to Bishkek for a review of the JHPIEGO based national curriculum. It was a good opportunity to ensure standardization of the curriculum not only in Issyk-Kul, but also in Bishkek and Osh centers as well. SEATS also has committed to supplying speculum

and IUD kits to the FGPs who had not been previously equipped under the grants provided through ZdravReform in the past.

Uzbekistan

Integration of reproductive health services into primary health care is in the beginning stage in Fergana oblast's 3 pilot sites. As part of this effort, in early 1999, a number of short-course trainings were provided for physicians and mid-level personnel of Besharyk, Kuva and Yazyavan primary health facilities. Seventy (70) physicians and nurses were trained in reproductive health and family planning and 62 physicians and nurses were trained in breast-feeding. These short courses, among several others were very popular among local health personnel, and will be expanded and repeated for those who have not received the training. The courses were taught using AVSC trained trainers, and materials. These short courses represent one of the two possible training pathways for family doctors.

A family doctor consultant from the U.S., Dr. Ben Mills came in May. The purpose of that consultancy was to evaluate the two clinical-training pathways currently underway for primary-care physicians in Uzbekistan, to make recommendations for a coherent system of postgraduate training in General Practice, and to address the challenge of quality improvement in the nascent primary-care-centered model of healthcare.

Family Medicine Programs

USAID/ZdravReform sponsored a training trip to St. Petersburg and Moscow for fifteen professors and trainers from the Family Medicine training programs in Kyrgyzstan, Uzbekistan and Kazakhstan, during June 8 to 28th. The Kazakhstan Association of Family Physician Trainers arranged all logistics, in collaboration with ZdravReform. First, the group went to Moscow to attend a two-day seminar on menopause and post-menopause. This seminar was conducted by the Research Center for Obstetrics, Gynecology, and Perinatology of the Medical Science Academy of Russia, the Association of Gynecologists – Endocrinologists of Russia and the Consulting and Information Center “Schering JS” (Germany). This update on menopause will be used in designing the curriculum of the family medicine programs.

Following this seminar, the trainers traveled to St. Petersburg to attend the summer school on health system reform for the heads of health facilities of Leningrad Oblast. The guest lecturers included WHO experts and specialists from Finland, Sweden, and Russia, and included important issues of health management.

The rest of the time was spent in learning about design of Family Medicine (FM) programs and discussions of curriculum and lecture materials. The group consensus was that this was a very useful program, providing a chance to see a well-developed FM program, which incorporated reproductive health in family medicine. It also was a chance to meet WHO experts in Family Medicine.

III. Health promotion

Kazakhstan

In Kazakhstan, work continues on the *Safe Motherhood public service announcements* (PSA). These videos are being written and produced by Perekroistek, the team that did last year's successful videos, one of which recently won a certificate of merit from

WHO. There are 10 PSA, one to two minutes in length, which are scenes from a complete story. The story line is about a young couple (in their mid-twenties), who use family planning early in their marriage, then decide to plan a family. The wife gets pregnant, and then eventually has the baby. The main audience is people in prime reproductive age, 18 - 34. The main message is how a modern couple gives careful consideration to family planning. It especially shows the possible modern role of men, and ways that they can participate in the pregnancy, how couples can use family planning in order to get a good start in their marriage and career, as well as giving basic information about nutrition, health habits and exercise. In addition, two TV and radio spots are being created to advertise and reinforce the other 10 PSA.

These PSA are being filmed at this time, and when completed will be used as part of the Center for Healthy Lifestyles/USAID collaborative journalist contest. The PSA will be shown on three major national TV channels. The PSA will be further adapted into radio format. The PSA will also be combined in a 10-12 minute long video which will be distributed to other international donors, family group practices which may have VCRs, Family Medicine training programs, non-governmental organizations and the Center for Healthy Lifestyles.

ZdravReform has started *collaborating with the CMS Project's Hotline*. The hotline number will be added at the end of the Safe Motherhood videos. The CMS project will train their operators on the topic of safe motherhood, so that they can answer questions from the public. This should provide a synergistic effect for the Safe Motherhood campaign, which will begin this fall.

Kyrgyzstan

In Kyrgyzstan, *a family planning campaign* started in May and will run through July. As part of the campaign, Kyrgyz and Russian family planning brochures directed towards youth were distributed. A press release on family planning for newspaper and radio was written and distributed. Videos from the Marriage and Family Clinic, provided by Pathfinder, will be shown on TV during the campaign. A ZdravReform marketing team member did a presentation at a local high school in Bishkek, where she distributed brochures and showed the Pathfinder video. Announcements on family planning topics are being done in the local bazaars.

The marketing team from the ZdravReform Karakol office has been working in Issyk-Kul arranged weekly one hour radio programs on topics such as "Safe sex for teenagers", and "Prevention of unwanted pregnancies", and will continue programs throughout July and August. The local audience often calls in during the program, asking questions. In addition, the team has been promoting breast-feeding practices in conjunction with the oblast health department and the program on acute respiratory infections/childhood diarrheal diseases.

Kazakhstan and Kyrgyzstan

Zdravreform printed family planning brochures designed for young people (from International Planned Parenthood Federation) in Russian, Kazakh and Kyrgyz languages. 30,750 of these brochures were distributed in both countries in the last 6 months. These brochures went primarily to ZdravReform health care reform sites, although some brochures were given to the national health promotion agencies for distribution throughout the country.

IV. Surveys

Kyrgyzstan

An exit survey was done to provide a base for the family planning work in Osh and Jalalabad, as well as to provide follow-up to some of the work in Issyk-kul. The goal of the survey was to determine the quality of family planning services provided by FGPs and the population's perception of these services. The given survey will also help create general characteristics of the consumer (the typical woman of fertile age), judge the population's access to information on family planning, and to surmise the use of contraceptive by population. It can also help SEATS in the first stage of its activity and will be a well-founded base for development of specific measures.

The exit survey was developed by ZdravReform, with input from the SEATS program, and tested in each language used (Russian, Uzbek and Kyrgyz, depending on the city). The ZdravReform marketing specialists conducted the survey during March 1-15, 1999. During the survey testing process, women from age 15-49 who had just visited the FGP gynecologist were interviewed. All questions were asked and recorded by the interviewer.

The interviewers reported anecdotally that "the women were deeply interested in all aspects of the survey and seemed answer the questions honestly. Some of the women-respondents were so interested in the questions of family planning and were so touched by the fact that somebody was interested in their private problems that they began unburdening their hearts to the interviewers." There were of course some women who refused to participate in the surveys.

Overall, 547 women were interviewed, in Chuy, Issyk-Kul, Osh and Jalal-Abad. The questionnaires were completed in Russian, Kyrgyz and Uzbek. At this time, ZdravReform has completed tallying the results, and SEATS is analyzing the data in Washington. A report is expected soon.

V. Commodities and Equipment

Kazakhstan

Equipment in the amount of over \$22,000 for the family group practices was delivered to Semipalatinsk in May 1999. This equipment included gooseneck lamps, UV lamps and specula.

Kazakhstan and Kyrgyzstan

The long awaited contraceptives ordered by USAID for the health care reform pilot sites finally arrived in May and June 1999. The commodities included oral contraceptives, (combination and progestin only), IUDs, and Depo-Provera. The shipments were delivered to the Family Group Practice Associations in each site, and had the following values:

Semipalatinsk, Kazakhstan \$59,534

Zhezkazgan, Kazakhstan- \$19,723

Issyk-Kul, Kyrgyzstan-\$46,261

The shipments were enthusiastically received by the Associations. Historically, all commodities were controlled by the Chief Gynecologist of the oblast and the Oblast Maternity Hospital. There was never enough for the FGPs to distribute to their patients. This now gives them a chance to establish themselves as a source for reproductive health within the primary care. It also gives the doctors a chance to become more familiar with oral contraceptives, as well as utilize their new knowledge attained in recent training. Another benefit of this shipment is that it helps to solidify the role of the Family Practice Association (FPA), the NGO, as the coordinating body for the FGP doctors. It would have been difficult for the FGPs to receive the goods, without the FPA as an intermediary. The contraceptives have been distributed to the FGPs and the FPA is keeping the records for this, and each FGP is keeping individual records on actual distribution to the patients.

VI. General, Other

JHPIEGO Conference in Uzbekistan

ZdravReform was invited to participate in the first regional Central Asian Regional Conference on “Maximizing Access and Quality in Family Planning and Reproductive Health Services” sponsored by JHPIEGO and CAMPA. The goal of the conference was to develop recommendations for improving FP/RH services through the application of updated service delivery guidelines, training and evaluation systems. It was particularly exciting to see that the participants, most of who were ob-gyn specialists all acknowledged the new role of primary care and recognition of reforms. They discussed the need to closely collaborate and train the new family medicine doctors. The Kyrgyz participants shared their experiences with health care reform, and determined that integration of reproductive health with the primary care was a necessity and should be an objective.